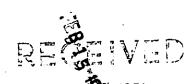
No.300 [FLED FEB 12 1951 THE DIVISION OF HEALTH OF MISSOURI						
0.48			STANDARD CERTIF	ICATE OF DEATH	State File No	144	
	BIRTH NO		REG. DIST. NO. 32	PRIMARY REG. DIST. NO.	5/14 Registrar's No	9	
90	1. PLACE OF DEA	TH			E (Where deceased lived. If in	stitution: residence before	
)7	a. COUNTY B	LLING	FR	a. STATE Mo.	b. COUNTY	PE (J'R ARDEM	
- /	b. CITY (If outside co		URAL and give c. LENGTH OF	c. CiTY (If outside corporate	limits, write RURAL and give toy	maphip) Cl 6.6	
	TOWN BUR	AL. Was	township) STAY (in this place)	TOWN OAI	K RINGE K	Made Just	
E 1	d. FULL NAME OF	If not in hospital or in	atitution, give street address or location)	d. STREET (III ADDRESS	rural, give location)	- , p	
RECORD	INSTITUTION.	HUSPITAL OR			ONE		
RE	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
	(Type or Print)	WILLIA	M Nickbas	WILSON	DEATH 2	- 1 - 5/	
ម	5. SEX) 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years of most	Days Hours Min.	
¥	M.O	W	NEVER MARRIEN	19-13-187	5 75 4	18	
PERMANENT	10a. USUAL OCCUPATIO		10b. KIND OF BUSINESS OR IN-	11: BIRTHPLACE (State or for	reign eountry)	12. CITIZEN OF WHAT COUNTRY?	
뎙	BETIRED	FARMER		OAK RIDG	E MO.O	a.S.A.	
4	13a. FATHER'S NAME		136. MOTHER'S MAIDEN		NAME OF HUSBAND OR WIT	FE	
`	SANDY W	ILSON	MARY Mª	CALISTER			
E H	15. WAS DECEASED EVE (Yes. no. pr unknown) (If	R IN U.S. ARMED F	of constant NO	17. INFORMANT'S S	I GHATURE OR NAME 20	NE 4 ADDRESS	
-MARE	No	-	NONE	MRS. WOU C	ROW ST. 60		
	18. CAUSE OF DEATH			ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!	NG TO DEATH®(a)	ary Mion	boses.		
		ANTECEDENT CA	HSES	σ,			
5	*This does not mean the mode of dying, such Morbid conditions, if any, giving DUE TO (b) as heart failure, asthenia, it is to the above cause (a) stating:						
BLACK	as heart fallure, asthenia,	rise to the above co the underlying cau	use (a) stating			•	
11	etc. It means the dis-		DUE TO (c)			_	
N S	tion which caused death.		ICANT CONDITIONS			Haal	
Ğ		Conditions contrib	uting to the death but not se or condition causing death		-	1001	
	19a. DATE OF OPERA-	19b. MAJOR FIND	INGS OF OPERATION		A Property of the Control of the Con	20. AUTOPSY7	
UNFADING	TION					YES NO X	
ľ	21a. ACCIDENT SUICIDE	(Specify) .2	1b. PLACE OF INJURY (a.g., in or about tome, farm, factory, street, office bldg., ste.)	21c. (CITY, TOWN, OR TOW	NSHIP) (COUNTY)	(STATE)	
Ž	HOMICIDE	\ ²	Ding, larm, lactiny, street, dince being, seed				
USING	21d. TIME (Month)	(Day) (Year) (I	Elour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR1	/	
_ []	INJURY WHILE AT MOT WHILE AT WORK						
PLAINLY	22. I hepsby cestify that, I attended the deceased from, 19, to, 19; that I last saw the deceased						
	altro one 2	1/1/, 19_	, and that death occurred at .	m., from the co	uses and on the date state	ed above.	
7	234. SIGNATURE	2//	Dégree or title)	23b. ADDRESS	-0 111	23c. DATE SIGNED	
ii ii	· Joh	n I M	yris former	3 Julian	ele Mo	12/2/5/	
E	24a. BURJAL, CREMA	246 DATE /	24c. NAME OF CEMETER	Y OR CREMATORY 24d.	LOCATION (City, town, or cou	nty) (State)	
WRITE	TION, REMOVAL (Breats)	1 2 - 3 -/-	51 BAKER CE	n. bu	TESUILLE, M.	O	
	DATE REC'D BY LOCAL	REDISTRAR'S S		25. FUNERAL DIRECTOR	S SI CHATURE A	DDRESS	
]}	Jan. 3 1951 Willie Can unburgh BAKER FUNERAL HOME WATESVILLEM						
Ι¥	(Licensed Embelmer e Statement on Reverse Side)						



120 3	.00.	
DISTRICT HEALTH	OFFICE	No
'^ N'0	• • • • • • • • • • • • • • • • • • • •	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
	Student Embalaer No
working under my personal supervision.	

Signed J. E. Graha Licensed Embalmer No. 4010

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.